

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 11 1959

59-027306

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. **3 7080**

DED

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Length of stay in 1b 3 WEEKS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON c. CITY OR TOWN GRANITE CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 1750 MAPLE AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PONDO Middle NMN Last VANGEL		4. DATE OF DEATH Month JULY Day 30 Year 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-7-1892 66 yrs. 9. AGE (last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CORE MAKER		10b. KIND OF BUSINESS OR INDUSTRY STEEL CASTINGS	
11. BIRTHPLACE (City and state or country) ALBANIA		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE JOSEPHINE VANGEL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 333-01-9331		17. INFORMANT Josephine Vangel	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC COMA DUE TO (b) POST NECROTIC CIRRHOSIS DUE TO (c) 581.0		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS 3-6 MONTHS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **JANUARY 4, 1959** to **JULY 30, 1959** and last saw her/him alive on **JULY 30, 1959**
 Death occurred at **12:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. P. Vermillion, M.D.</i> (Degree or title)	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 7/30/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-1-59	23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL CEMETERY	23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS
24. FUNERAL DIRECTOR <i>Frank Mercer Granite City, Ill</i>		25. DATE RECD. BY LOCAL REG. JUL 3 1959	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>

No. 2. 13

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mer

Licensed Embalmer No. 2988

P. O. Address Granite C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.